



## DRIVER AND PLATE SEARCH (DAPS) APPROPRIATE USE DECLARATION

MAIL OR FAX TO  
DEPARTMENT OF LICENSING  
DAPS ACCESS  
PO BOX 2957  
OLYMPIA, WA 98507  
FAX: (360) 570-7895

I understand that I have been granted access to information that is highly confidential. I further understand that it is part of my responsibility to preserve the confidentiality and privacy of the information I access through the Driver and Plate Search (DAPS) application in the course of my work. I will use the information only to accomplish my official job functions and will not share this information with anyone outside the workplace, nor will I use any information I have obtained for my own purpose and/or benefit.

I understand that misuse of this information is a felony and is punishable by fine, imprisonment or both.

I have read and reviewed the above statement, the Interagency Agreement between my Agency and the Washington State Department of Licensing, relating to accessing the DAPS application with my supervisor. I understand that my digital certificate is for my use only while accomplishing my official job functions and I am not to allow any other person access to the DAPS application utilizing my digital certificate.

\_\_\_\_\_  
EMPLOYEE NAME (PRINTED)

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR NAME (PRINTED)

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE